



State of Colorado
Department of Law
Uniform Debt Management Services Act
1525 Sherman St., 7th Floor,
Denver, CO 80203
Telephone: (303) 866-4494
Fax: (303) 866-5474
E-mail: uccc@state.co.us

Dear Consumer:

The Colorado Uniform Debt Management Services Act (DMSA) regulates companies that offer and provide debt management services, including credit counseling and debt settlement, to Colorado residents. It also provides consumer protections. If you have been unable to resolve your complaint yourself, complete and return the enclosed form. Please note the following:

1. Use **TYPEWRITER** or **BLACK PEN**. Other color ink does not photocopy well.
2. Enclose **one** copy of all documents that pertain to your complaint. **DO NOT SEND ORIGINALS.**
3. Provide the complete business name, address, and person(s) involved.

We will review your complaint to determine whether our office has the statutory authority to proceed. If our office has jurisdiction, we will send a copy of your complaint with your documentation to the business for its response. You will receive a copy of the response unless it is kept for additional investigation.

If we do not have jurisdiction over the matter, we will refer your complaint to the proper authority. We will notify you if we cannot assist you in any way.

It may take some time to investigate your complaint. If a lawsuit has been filed against you, it is important that you respond to all legal documents as we cannot reverse a court order.

We are prohibited by law from giving legal advice. To preserve any legal rights you may have, you may wish to consult a private attorney.



STATE OF COLORADO
Uniform Debt Management Services Act
John W. Suthers, Attorney General

SEND TO: Uniform Consumer Credit Code
1525 Sherman Street, 7th Floor
Denver, CO 80203
Phone: (303) 866-4494
Fax: (303) 866-5474

Name

Address

City State Zip Code

Home Phone

Business Phone

For senior fraud investigation purposes, please provide
your age range: ____ (under 60) ____ (60 or over)

Debt Management Company's Name

Address

City State Zip Code

Phone Number

ATTENTION: Please read instructions and attach copies of all documents.

Explanation of complaint:

I have read the above information and it is true to the best of my knowledge and belief.

SIGNATURE

DATE